## APPLICATION FOR AN IOWA VITAL RECORD

OFFICE USE ONLY Application ID	-
Security #	
	-

	Submit all the following:	IAZA GALADA I		_		
	<ul><li>☐ Completed application for an <u>IOWA</u> birth, death or marriage record;</li><li>☐ \$15 fee payable in U.S. funds;</li></ul>					
	☐ Copy of current government isse ☐ SIGNATURE MUST BE NOTARIZ		II ING TUE BEQUES	<b>~</b>		
			·			
	DID THE EVENT ( If no, you must		IOWA? If yes, on tate the event occur			
1.	EVENT TYPE (Check one) BIRTH DEATH		FETAL DEATH	-		
2.	PERSON'S NAME AS IT APPEARS ON THE RECOI	RDFIRST	MiDDLE, if any	LAST (Surname)		
	2a. If for Marriage record, SPOUSE'S NAME	FIRST	MIODLE, if any	LAST (Surname)		
3.	DATE OF EVENT (Birth, Death, or Marriage) BE SF		-	•		
4.						
_			(City			
5. 6.	PARENT'S FULL NAME PRIOR TO ANY MARRIAGI  2ND PARENT'S FULL NAME - First, Middle, Last (Surname)					
7.	(Birth Only) WAS THE MOTHER MARRIED AT THE			☐ No ☐ Unknown		
8.	LEGAL ACTIONS TO BIRTH RECORD None		Paternity Establishment	Legal Change of Name		
٠.	8a. IF A LEGAL ACTION OCCURRED, LIST PREVI		ficate)	_ •		
		<del></del>		NOT change the birth certificate.		
9.	PURPOSE FOR COPY					
11.	RELATIONSHIP OF PERSON RECEIVING THIS CO	PY TO PERSON NAM	ED ON THE RECORD			
	RELATIONSHIP OF PERSON RECEIVING THIS CO	PY TO PERSON NAM	ED ON THE RECORD			
11.	RELATIONSHIP OF PERSON RECEIVING THIS CONAME AND ADDRESS OF PERSON TO RECEIVE 100.  12a. Name of Applicant/Recipient	PY TO PERSON NAM	E AGE 18 OR OLDER & ENTIT	LED TO THE RECORD)		
11.	RELATIONSHIP OF PERSON RECEIVING THIS CONAME AND ADDRESS OF PERSON TO RECEIVE 112a. Name of Applicant/Recipient 12b. Street address and P.O. Box (if any)	PY TO PERSON NAM	ED ON THE RECORD	LED TO THE RECORD)		
11.	RELATIONSHIP OF PERSON RECEIVING THIS CONAME AND ADDRESS OF PERSON TO RECEIVE 112a. Name of Applicant/Recipient 12b. Street address and P.O. Box (if any)	PY TO PERSON NAM	E AGE 18 OR OLDER & ENTIT	LED TO THE RECORD)		
11. 12.	RELATIONSHIP OF PERSON RECEIVING THIS CONAME AND ADDRESS OF PERSON TO RECEIVE To 12a. Name of Applicant/Recipient 12b. Street address and P.O. Box (if any) 12c. City, State and Zip Code	PY TO PERSON NAM THIS COPY: (MUST BE	ED ON THE RECORD  E AGE 18 OR OLDER & ENTIT	LED TO THE RECORD)		
11. 12. 13.	RELATIONSHIP OF PERSON RECEIVING THIS CONAME AND ADDRESS OF PERSON TO RECEIVE To 12a. Name of Applicant/Recipient  12b. Street address and P.O. Box (if any)  12c. City, State and Zip Code  THE CERTIFICATE IS TO BE (Check one)  THE FEE IS \$15.00 and one certified copy is issued. Each additional copy of the same record is \$15.00. In	PY TO PERSON NAM THIS COPY: (MUST BE	ED ON THE RECORD  AGE 18 OR OLDER & ENTITE  (for in-person requests only)  aplies of this record you need.	LED TO THE RECORD)		
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